Doc Code:

PTO/SB/17 (12-04v2)
Approved for use through 07/31/2006. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

\$250.00

	ider the Paperwork Reduction Act of 1995 to persons are required to respond to a collection of information unless it displays a valid OMB control number.								
Effective on 12/04/2004.				Complete if Known					
Fees pursuant to the masolidated befropriatons Act, 2005 (H.R. 4818).			Application Number	or 09/902	2,348				
FEE TRANSMITTAL			Filing Date	07/10/	07/10/2001				
for FY 2005				First Named Inven	tor Luis N	Luis M. Ortiz			
Applicant claims small			D 1 27	Examiner Name	Cathe	hey II, Patrick H.			
Applicant claims small	entity status	s. See 37 CF	K 1.27	Art Unit	2613	·			
TOTAL AMOUNT OF F	AYMENT	(\$)	\$250.00	Attorney Docket N	0. 1000-	1058			
METHOD OF PAYMEN	T (check all	that apply)							
Check Credit Card Money Order None Other (please identify):									
Deposit Dep	osit Account	Number:							
For the above-identified	denosit accou	nt the Director i	is hereby aut						
Tor the above racriance	acposit accoun	int, the Director	is nereby due		,,,,,				
☐ Charge	fee(s) indicated	d below		Charge fe	e(s) indicate	d below, except for	the filing fee		
		fee(s) or any ur	nderpayment	of Credit an	y overpaymer	nts			
fee(s) under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.									
information and authorization	n on PTO-203	38.							
FEE CALCULATION									
1. BASIC FILING, SEAR									
	FILING F	FEES Small Entity	SEAR	CH FEES Small Entity	EXAMIN	EXAMINATION FEES			
Application Type	Fee (\$)	Fee (\$)	Fee (\$)		Fee (\$)	Small Entity Fee (\$)	Fees Paid(\$)		
Utility	300	150	500	250	200	100			
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300			
Provisional	200	100	0	0	0	0			
2. EXCESS CLAIM FEES	}						Small Entity		
Fee Description					<u>Fee (\$)</u>	Fee (\$)			
Each claim over 20 (including Reissues)						50	25		
Each independent claim over 3 (including Reissues) Multiple dependent claims						200 360	100 180		
I worthe dependent claims						300	100		

Last masperiating over 5 (molating relocator)								
Multiple dependent claims					360	180		
					Multiple Depe	ndent Claims		
Total Claims	Extra Claims	Fee (\$)		Fee Paid (\$)	Fee (\$)	Fee Paid (\$)		
20 or HP =	x	\$25.00	=	\$0.00				
HP = highest number of total claims paid for, if greater than 20.								
Indep. Claims	Extra Claims	Fee (\$)		Fee Paid (\$)				
3 or HP =	x	\$100.00	=	\$0.00_				
UD - biobook	andant alaima naid f	ar if arostor than 2						

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

4.

SUBMITTED BY

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listing under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)		Fee Paid (\$)
- 100 =	/ 50	(round up to a whole	х	\$125.00	=	\$0.00
OTHER FEE(S)						Fee Paid (\$)
n-English specification	\$130 fee (no small e	ntity discount)				

Other (e.g. late filing surcharge): Notice of Appeal

Registration No. (Attorney/Agent) (505) 314-1311 Signature 36,230 Telephone Name (Print/Type) Luis M. Ortiz Date June 6, 2005

This collection of information is required by 37 FR 1/36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confide the triangle of the complete of the complete of the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

IMAF &

NOTICE OF APPEAL FROM THE PRIMARY EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES (Small Entity)

Docket No. 1000-1058

		 			
In Re Application (Of: Luis M. Ortiz				
Application No. 09/902,348	Filing Date 07/10/2001	Examiner Cathey II, Patrick H.	Customer No.	Group Art Unit 2613	Confirmation No.
Invention: Provide O P P P P P P P P P P P P P P P P P P	ding Multiple Perspec	ctives of a Venue Activity to Elec	ctronic Wireless	s Hand Held Devi	ces
RADE WALLES		COMMISSIONER FOR PAT	ENTS:		
Applicant(s) hereby Examiner dated	y appeal(s) to the Bo 3/15/05	ard of Patent Appeals and Inte finally rejecting Claim(s) 1-5		the decision of the	ne Primary
Applicant is a smal	Il entity under 37 CFI	R 1.9 and 1.27.			
☑ Applicant cla The fee for this No	•	rus. See 37 CFR 1.27			
Examiner dated Applicant is a smal	3/15/05 Il entity under 37 CFI	finally rejecting Claim(s) 1-5 R 1.9 and 1.27. rus. See 37 CFR 1.27		the decision of the	ne Primary

A check in the amount of the fee is enclosed.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☐ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No.

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Signature

Dated: June 6, 2005

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I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope adressed to the "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on

June 6, 2005

(Date)

Signature of Person Mailing Corpespondence

Luis M. Ortiz

Types or Printed Name of Person Mailing Correspondence